

Loudoun County, Virginia

www.loudoun.gov



Date received by Portability Specialist:

Date Processed: _____

Department of Family Services 102 Heritage Way, N.E., Suite 103, Leesburg, VA 20176-4544 (703) 777-0353 • Fax: (703) 737-8895

To Report Child Abuse and Neglect (703) 771-KIDS

Client Portability Request

Client's Name:
Client's Forwarding Address (If known):
Client's Telephone Number:
Client's Expected Move-Out Date:
Housing Authority Porting Out to:
Name of Housing Authority:
PHA's Address:
PHA's Contact Name:
PHA's Contact Number:
PHA's Fax Number :
I understand that once my case is transferred, it is my responsibility to contact the new jurisdiction regarding their requirements for portability.
Signature of Head of Household:
Date:
Date: